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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90112 001 \*4,838.75

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # C10057**

1. Corporation Name

**HOLYROOD LODGE NO. 257 FREE AND ACCEPTED MASONS  
OF FLORIDA**

Principal Place of Business

C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202

Mailing Address

C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-6146064

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN ST  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*N/A*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	JWD	<input checked="" type="checkbox"/> DELETE
NAME	SARGENT, JOHN H	
STREET ADDRESS	209 NORTH HESPERIDES ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	WMD	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, GLENN EDGAR	
STREET ADDRESS	4325 S HUBERT AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	SWD	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, JOHN EDWARD	
STREET ADDRESS	8221 VASSAR CIRCLE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPRINGSTON, ROBERT FORREST	
STREET ADDRESS	7104 PAT BLVD.	
CITY-ST-ZIP	TAMPA FL 33615-2957	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, KENNETH R	
STREET ADDRESS	1116 NEBRASKA AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683-4031	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Edward Jackson
1.3 STREET ADDRESS	8221 Vassar Circle
1.4 CITY-ST-ZIP	Tampa FL 33634
2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bernard Hugh Will
2.3 STREET ADDRESS	8703 Gardner Road
2.4 CITY-ST-ZIP	Tampa FL 33625
3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Randall Albert Ross
3.3 STREET ADDRESS	6202 N Sheldon Rd
3.4 CITY-ST-ZIP	Tampa FL 33615
4.1 TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James Powell Blasingame
4.3 STREET ADDRESS	8308 Baywood Dr
4.4 CITY-ST-ZIP	Tampa FL 33615-4937
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John E. Jackson* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99

813-884-8009

Date

Daytime Phone #

CR2E037 (1/98)